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Attorney Docket No.: 501438.20501  
Customer No.: 026418

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: **Craig D. Friedman, et al.** : Art Unit:  
Serial No.: 10/692,055 : Examiner:  
Filing Date: October 22, 2003 : Confirmation No.:  
For: **METHOD AND SYSTEM FOR INTRAVESICULAR  
DELIVERY OF THERAPEUTIC AGENTS**

June 22, 2004

Mail Stop: **Patent Application**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, A 22313-1450

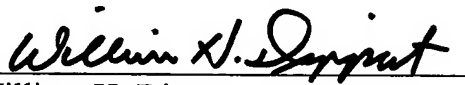
**TRANSMITTAL**

S I R:

Enclosed herewith are executed Declaration and Power of Attorney forms  
regarding the above application.

Respectfully submitted

June 22, 2004

  
William H. Dippert  
Registration No. 26,723

Reed Smith LLP  
599 Lexington Avenue  
29<sup>th</sup> Floor  
New York, New York 10022-7650  
Tel.: 212-521-5400; Fax: 212-521-5450



Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing  OR  <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	501438.20501
	<b>First Named Inventor</b>	Craig D. Friedman
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	10 / 692,055
	<b>Filing Date</b>	October 22, 2003
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND SYSTEM FOR INTRAVESICULAR DELIVERY OF THERAPEUTIC AGENTS**

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/22/2003

as United States Application Number or PCT International

Application Number

10/692,055

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Arindam		Datta	
Inventor's Signature		Date	
Residence: City Hillsborough	State NJ	Country US	Citizenship US
Mailing Address 26 Baker Circle			
Mailing Address			
City Hillsborough	State NJ	ZIP 08844	Country US
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Arthur H.		Tinkelenberg	
Inventor's Signature		Date 4/23/04	
Residence: City Brooklyn	State NY	Country US	Citizenship US
Mailing Address 226 Carlton Avenue, Apartment #1			
Mailing Address			
City Brooklyn	State NY	ZIP 11205	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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Given Name (first and middle (if any))		Family Name or Surname	
Arindam		Datta	
Inventor's Signature <i>[Signature]</i>		Date <u>4/27/04</u>	
Residence: City Hillsborough	State NJ	Country US	Citizenship US
Mailing Address 26 Baker Circle			
Mailing Address			
City Hillsborough	State NJ	ZIP 08844	Country US
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Arthur H.		Tinkelenberg	
Inventor's Signature		Date	
Residence: City Brooklyn	State NY	Country US	Citizenship US
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Mailing Address			
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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## DECLARATION — Utility or Design Patent Application

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Name William H. Dippert

Address Reed Smith LLP

Address 599 Lexington Avenue, 29th Floor

City New York

State New York

ZIP 10022

Country US

Telephone 212-521-5400

Fax 212-521-5450

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any)) Craig D.

Family Name  
or Surname Friedman

Inventor's  
Signature

Date 6/22/2004

Residence: City Westport

State CT

Country US

Citizenship US

Mailing Address 19 Cross Highway

Mailing Address

City Westport

State CT

ZIP 06880

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any)) Peter D.

Family Name  
or Surname Constantino

Inventor's  
Signature

Date

Residence: City Armonk

State NY

Country US

Citizenship US

Mailing Address 12 Wright's Mill Road

Mailing Address

City Armonk

State NY

ZIP 10504

Country US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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Address Reed Smith LLP

Address 699 Lexington Avenue, 29th Floor

City New York

State New York

ZIP 10022

Country US

Telephone 212-521-5400

Fax 212-521-5450

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☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any)) Craig D.

Family Name  
or Surname Friedman

Inventor's  
Signature

Date

Residence: City Westport

State CT

Country US

Citizenship US

Mailing Address 18 Cross Highway

Mailing Address

City Westport

State CT

ZIP 06880

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any)) Peter D.

Family Name  
or Surname Constantino

Inventor's  
Signature

Date 05/04/04

Residence: City Armonk

State NY

Country US

Citizenship US

Mailing Address 12 Wright's Mill Road

Mailing Address

City Armonk

State NY

ZIP 10504

Country US

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PTO/SB/41 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/692,055
Filing Date	October 22, 2003 herewith
First Named Inventor	Craig D. Friedman
Title	Method And System For ...
Group Art Unit	
Examiner Name	
Attorney Docket Number	501438.20501

I hereby appoint:

Practitioners at Customer Number

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☒ Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26.723

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Address	599 Lexington Avenue				
Address	29th Floor				
City	New York	State	New York	Zip	10022
Country	US				
Telephone	212-521-5408	Fax	212-521-5450		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Peter D. Costantino
Signature	
Date	05/04/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Examiner Name	
Attorney Docket Number	501438.20501

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William H. Dippert	26.723

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<input checked="" type="checkbox"/> Firm or Individual Name	William H. Dippert				
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Arthur H. Tinkelenberg
Signature	
Date	4-23-04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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### SIGNATURE of Applicant or Assignee of Record

Name	Arindam Datta
Signature	
Date	4/27/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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OR

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☒ Firm or  
Individual Name

Reed Smith LLP

Address 599 Lexington Avenue

Address 29th Floor

City New York

State New York Zip 10022

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Name Craig D. Friedman

Signature

Date

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on June 22, 2004  
Date

William H. Dippert  
Registration No. 26,723

Reed Smith LLP  
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29th Floor  
New York, New York 10022-7650  
Tel: 212-521-5400; Fax: 212-521-5450

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Applicant: Craig D. Friedman, et al.  
Serial No: 10/692,055  
Filing Date: October 22, 2003  
For: METHOD AND SYSTEM FOR INTRAVESICULAR DELIVERY OF THERAPEUTIC AGENTS  
Enclosures: (1) Transmittal (1 page);  
(2) Executed Declaration & POA forms (9 pages);  
(3) Acknowledgement Postcard.

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